

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213528411			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Commonwealth Annuity and Life Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: F0288375</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 132 TURNPIKE ROAD SUITE 210</p> <p style="text-align: center;">CITY/ST/ZIP: SOUTHBOROUGH, MA 01772</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NICHOLAS HELMUTH VON MOLTKE TITLE: P/CEO ADDRESS: 506 TOWN HILL ROAD CITY/ST/ZIP/CO: NEW HARTFORD, CT 06057 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NICHOLAS HELMUTH VON MOLTKE TITLE: P/CEO ADDRESS: 506 TOWN HILL ROAD CITY/ST/ZIP/CO: NEW HARTFORD, CT 06057	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	Jonathan Hecht	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	93 Wykagyl Terrace		
CITY/ST/ZIP/CO:	New Rochelle, VA 10804		
NAME:	Richard Vaughn Spencer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 Heck of a Hill Road		
CITY/ST/ZIP/CO:	Wilson, WY 83014		
NAME:	Kim Lee	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP, CRO		
ADDRESS:	28 Hubert Street		
CITY/ST/ZIP/CO:	Apartment 3 New York, NY 10013		
NAME:	Scott Douglas Silverman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, GC, Sec.		
ADDRESS:	429 Carona Place		
CITY/ST/ZIP/CO:	Silver Springs, MD, MD 20905		
NAME:	Kevin Francis Leavey	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	42 Monarch Lane		
CITY/ST/ZIP/CO:	Mansfield, MA 02048		
NAME:	Justin David MacNeil	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6 Laurel Drive		
CITY/ST/ZIP/CO:	Needham, MA 02492		
NAME:	Jason Michael Roach	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	23 Hummingbird Lane		
CITY/ST/ZIP/CO:	Walpole, MA 08081		
NAME:	Joel Volcy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, COO		
ADDRESS:	192 Dutton Road		
CITY/ST/ZIP/CO:	Sudbury, MA 01776		
NAME:	Robert Evan Winawer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	502 Benson Lane		
CITY/ST/ZIP/CO:	Chester Springs, PA 19425		
NAME:	Sheila Barbara St. Hilaire	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	39 High Street		
CITY/ST/ZIP/CO:	Gardner, MA 01440		
NAME:	Kathleen Marie Redgate	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20 Plaza Street		
CITY/ST/ZIP/CO:	D5 Brooklyn, NY 11238		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert James Egan VICE PRESIDENT 2 Apple Rock Road Millis, MA 02054	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gilles Maurice Dellaert VP, CIO 22 South Bay Avenue Eastport, NY 11941	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Scott DouglasSilverman		Scott DouglasSilverman,		6/18/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					